

Click Here \_\_\_\_\_ If address in Section 1 should only be used for mailing of salary/other payments.

## EMPLOYEE INFORMATION FORM

Please Print or Type

### Section 1 Employee Information, W-2, and Thrift Savings Plan Mailing Address

Operating Administration: \_\_\_\_\_

Employee Name (Last, First, M.I.) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and zip code \_\_\_\_\_

Note: To purchase or to change mailing address for U. S. Savings Bonds under the Payroll Savings Plan, use Form SBD 2090.

### Section 2 Direct Deposit of Employee Salary/Travel/Other Payments

Check one: \_\_\_\_\_ Initial or \_\_\_\_\_ Change Check one: Salary Payments Only \_\_\_\_\_  
Other Payments Only \_\_\_\_\_  
Both \_\_\_\_\_

Check one: Type of Account: \_\_\_\_\_ Savings or \_\_\_\_\_ Checking

For checking accounts, rather than completing the rest of this selection, you may attach a voided check only if your financial institution does not use a correspondent bank (some credit unions use correspondent banks).

Routing Transit Number: \_\_\_\_\_ Check digit \_\_\_\_\_

Account Number: \_\_\_\_\_  
(Up to 17 digits)

Account Title: \_\_\_\_\_  
(Account Holder's Name)

Financial Institution Name: \_\_\_\_\_

### Section 3 Allotment of Pay (For Additional Allotments Use Additional Form)

Check one: \_\_\_\_\_ Initial or \_\_\_\_\_ Change Amount (Check one)  
Type of Account: \_\_\_\_\_ Savings or \_\_\_\_\_ Checking \_\_\_\_\_ Start \_\_\_\_\_ Increase To  
Cancel \_\_\_\_\_ Decrease To

Routing Transit Number: \_\_\_\_\_ Check Digit \$ \_\_\_\_\_ \$ \_\_\_\_\_ .00  
(Whole dollars only)

Account Number: \_\_\_\_\_  
(Up to 17 digits)

Account Title: \_\_\_\_\_  
(Account Holder's Name)

Financial Institution Name: \_\_\_\_\_

### Authorization (Always complete this section)

Employee Signature: \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Date: \_\_\_\_\_